

PRE- APPLICATION CARD

Date Received: _____

Time Received: _____

Interested person for 1 BR 2 BR 3 BR Other _____
 (check all that apply)

Name (Head of Household): _____

Address: _____

Phone (Home): _____ Phone _____

Cell phone: _____ (Work): _____

E-Mail: _____

Would you be interested in a handicapped accessible unit? Yes No

Do you feel you qualify for a housing preference? Yes No

Do you live/work in the _____ Community? Yes No

Annual Household Income: \$ _____ Date Apartment Needed? _____

Household data: Please list all persons who will occupy the unit:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional and for Federally Subsidized Programs ONLY.

- | | |
|---|--|
| ETHNICITY: <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Non-Latino |
| RACE: <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan |
| <input type="checkbox"/> Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |



Applicant Name: _____

5. What percent of your income is currently from your creative work and/or what are your aims and plan for developing income from your creative work?
6. All residents must contribute 5 hours a month to the Arts community. In what way might you contribute to the community? Please describe any volunteer work you have done or would be interested in doing.
7. Please attach an Artist Statement, briefly describing your art form, how long you have been creating, your inspiration, and your goals.
8. If possible, please provide a means for us to experience your work—photos, website, DVD, recording, etc. If not possible, please explain. (If you want us to return your photos, etc., please include a self addressed and stamped envelope or other appropriate means.)